

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51	
2		1				52	
3	2		2			53	
4	1		1			54	
5	1		1			55	
6	1		1			56	
7	1		1			57	
8	1		1			58	
9	1		1			59	
10	1		1			60	
11	1		1			61	
12	1		1			62	
13	1		1			63	
14			1			64	
15	2		2			65	
16	1		1			66	
17			1			67	
18			1			68	
19						69	
20						70	
21						71	
22						72	
23						73	
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38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1		1			TOTAL IND.	
TOTAL DEP.	19	19	19	19		TOTAL DEP.	
TOTAL CLAIMS	20	20	21	21		TOTAL CLAIMS	

BEST AVAILABLE COPY